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| Fill | in this information to identify your c | ase: | | | | | | | | |
|-------------|--|------------------------------|-------------|---------------------------------|----------|-------|------------------------------|--------------------------------------|-------------------------------------|--------|
| Deb | otor 1 John David | Blazer | | | | | | | | |
| | otor 2 | | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : SOUTHERN DISTRIC | CT OF OH | 10 | | | | | | |
| | se number 2:13-bk-50843 | | | | | | Check if this | s is: | | |
| (If kn | own) | | | | | | An ame | nded filing | | |
| | | | | | | | | | ng postpetition che following date: | napter |
| <u>O</u> 1 | fficial Form 106I | | | | | | MM / DI | D/ YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment Fill in your employment | r spouse is not filing wi | ith you, do | o not include es, write your | infor | matic | on about your case number | spouse. If m (if known). <i>I</i> | ore space is ne Answer every q | eded, |
| | information. | | Debtor | 1 | | | Debt | or 2 or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Emp | loyed | | | ■ Ei | mployed | | |
| | information about additional | . , | ☐ Not | employed | | | □ N | ot employed | | |
| | employers. | Occupation | Truck | driver | | | unei | mployed | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | FedEx | Freight Inc | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | irby Pkwy, intown, TN | | |) | | | |
| | | How long employed the | here? | 14 years | | | | 15 years | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have ı | nothing to repo | ort for | any I | ine, write \$0 in | the space. In | clude your non-f | iling |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the | information f | or all e | emplo | oyers for that po | erson on the I | ines below. If yo | u need |
| | | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 8,051.0 | 00 \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | | 3. | +\$ | 0.0 | 00 +\$ | 0.00 | |

| Official Form 106I | Schedule I: Your Income | page 1 |
|--------------------|-------------------------|--------|
| Official Form 1001 | Schedule 1. Tour meome | page 1 |

8,051.00

\$

0.00

Calculate gross Income. Add line 2 + line 3.

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| Debt | tor 1 | John David Blazer | - | C | case n | umber (if know | n) | 2:13- | bk-508 | 43 | |
|------|---------------|--|-----------|------|-------------|----------------|--------|--------|-----------------------|----------------|------------------|
| | | | | | For [| Debtor 1 | | | Debtor 2 | | |
| | Cop | y line 4 here | 4. | | \$ | 8,051.0 | 00 | non- | filing s _l | pouse 0.00 | _ |
| 5. | l ist | all payroll deductions: | | | | -, | | | | | _ |
| ٥. | | | 50 | | \$ | 4 725 / | 12 | ¢ | | 0.00 | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a 5b | | \$ | 1,735.4 0.0 | | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | <u>\$</u> — | 0.0 | | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e | | <u>\$</u> — | 412.1 | | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | <u>\$</u> — | 0.0 | | \$ | | 0.00 | |
| | 5g. | Union dues | 5g | | <u>\$</u> — | 0.0 | | \$ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: FSA | 5h | | \$ | 212.5 | | + \$ | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 2,360.0 | _ | \$ | | 0.00 | _ |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 5,690.9 | 3 | \$ | | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | 0.0 | 10 | \$ | | 0.00 | _ |
| | 8b. | Interest and dividends | 8b | | <u>\$</u> — | 0.0 | | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.0 | 00 | \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d | | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 8e. | Social Security | 8e | | \$ | 0.0 | 0 | \$ | | 0.00 | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g | | \$ | 0.0 0.0 | | \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | | \$— | | 0 . | | | 0.00 | _ |
| 9. | | all other income. Add lines 8a+8b+8c+8d+8e+8f+8q+8h. | 9. | \$ | _ | 0.0 | | \$ | | 0.0 | - ¬ |
| ٠. | | | · · | Ľ | | 0.0 | | Ľ— | | - 0.0 | <u> </u> |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | 5 | ,690.93 + | \$ | | 0.00 | = \$ | 5,690.93 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | • | _ | | | | , |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | • | | , | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$ | 5,690.93 |
| 13. | Doy | ou expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi month | ned ly income |
| | | No. Yes. Explain: Debtor's routes change every 6 months and inco | me f | flur | tuat | es | | | | | |

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| Eill | in this informa | tion to identify yo | nir case. | | | | | | | | | | | |
|------------|--|--------------------------------------|--------------------------------------|--|--|---------------------------------------|---------|-----------------|-------------------------------|------|--|--|--|--|
| | otor 1 | John David E | | | | Ch | eck if | this is: | | | | | | |
| | | Oom David L | JIGEOI | | | | | amended filing | | | | | | |
| Deb | tor 2 | | | | | | | | wing postpetition cha | pter | | | | |
| (Spo | ouse, if filing) | | | | | 13 expenses as of the following date: | | | | | | | | |
| Unit | ed States Bankr | uptcy Court for the: | SOUTH | ERN DISTRICT OF OHI | <u> </u> | | MN | I / DD / YYYY | | | | | | |
| | e number 2: | 13-bk-50843 | | | | | | | | | | | | |
| (II KI | nown) | | | | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | | | 12/1 | | | | |
| Be info | as complete a ormation. If m mber (if know | and accurate as | possible. eded, atta y questio | If two married people a ch another sheet to this | | | | | | | | | | |
| 1. | Is this a join | | | | | | | | | | | | | |
| | ■ No. Go to | o line 2. s Debtor 2 live i | n a separ | ate household? | | | | | | | | | | |
| | N | | | | | | | | | | | | | |
| | = | _ | t file Offici | al Form 106J-2, <i>Expense</i> | s for Separate House | hold of De | ebtor 2 | 2. | | | | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | | | | | |
| | Do not state | the | | | | | | | □ No | | | | | |
| | dependents | names. | | | Spouse | | | Adult | ■ Yes | | | | | |
| | | | | | | | | | □ No | | | | | |
| | | | | | | | | | ☐ Yes | | | | | |
| | | | | | | | | | □ No □ Yes | | | | | |
| | | | | | | | | | □ res □ No | | | | | |
| | | | | | | | | | ☐ Yes | | | | | |
| 3. | , , | enses include | | No | | | | | 00 | | | | | |
| | | f people other th d your depender | nan 🗖 | Yes | | | | | | | | | | |
| | yoursen and | a your depender | 11.5: | | | | | | | | | | | |
| exp | imate your ex enses as of a | | our bankrı | y Expenses uptcy filing date unless y is filed. If this is a sup | | | | | | | | | | |
| app | olicable date. | | | | | | | | | | | | | |
| | | | | government assistance luded it on <i>Schedule I:</i> | | | | | | | | | | |
| (Off | ficial Form 10 |)6I.) | | | | | | Your exp | enses | | | | | |
| 4. | | or home owners | | ses for your residence. r lot. | Include first mortgage | e 4. | \$_ | | 0.00 | | | | | |
| | If not includ | led in line 4: | | | | | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | | | | | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | _ | | 0.00 | | | | | |
| | | • | • | ıpkeep expenses | | 4c. | \$ | | 215.00 | | | | | |
| _ | | owner's associat | | | | 4d. | | · | 0.00 | | | | | |
| 5. | Additional n | nortgage payme | ents for yo | our residence , such as h | ome equity loans | 5. | Ф | | 0.00 | | | | | |

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| 2 | tor 1 John David Blazer | Case num | ber (if known) | 2:13-bk-50843 |
|----|---|--------------------|----------------|---------------|
| | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 275.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 45.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 335.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| | Food and housekeeping supplies | 7. | \$ | 700.00 |
| | Childcare and children's education costs | 8. | \$ | 0.00 |
| | Clothing, laundry, and dry cleaning | 9. | \$ | 155.00 |
|). | Personal care products and services | 10. | \$ | 75.00 |
| | Medical and dental expenses | 11. | \$ | 250.00 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 610.00 |
| 3. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | Charitable contributions and religious donations | 14. | · - | 0.00 |
| | Insurance. | | | 0.00 |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | | 0.00 |
| | 15b. Health insurance | 15b. | | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 150.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report a | | | 0.00 |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106) | I). ^{18.} | · . | 0.00 |
| ١. | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | | |
| | Other real property expenses not included in lines 4 or 5 of this form or on Sc | | | 0.00 |
| | 20a. Mortgages on other property | 20a. 20b. | | 0.00 |
| | 20b. Real estate taxes | | · - | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. 20d. | · | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | · · | 0.00 |
| • | Other: Specify: | 21. | +\$ | 0.00 |
| | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 2,810.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | , <u> </u> |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,810.00 |
| | Calculate your monthly net income. | | L | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,690.93 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | | 2,810.00 |
| | 10000 - 10000 - 10000 - 10000 | | | 2,010.00 |
| | 23c. Subtract your monthly expenses from your monthly income. | | | 0.000.00 |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 2,880.93 |

Explain here: Debtor commutes round-trip 106 miles.

Yes.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO EASTERN DIVISION

In re :

: Case No.: 13-50843

Blazer, John David,

Chapter 13

•

Debtor. : Judge Caldwell

DECLARATION CONCERNING DEBTOR'S SCHEDULES

I declare under penalty of perjury that I have read the foregoing Amended Schedules I, and J and that they are true and correct to the best of my knowledge, information and belief.

Dated: October 31, 2016

/s/ John David Blazer

John David Blazer

Debtor

IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO EASTERN DIVISION

In re :

: Case No.: 13-50843

Blazer, John David,

Chapter 13

•

Debtor. : Judge Caldwell

:

CERTIFICATE OF SERVICE

I hereby certify that on October 31, 2016 a copy of the foregoing Amended Schedules I and J was served on the following Registered ECF Participants, electronically through the Court's ECF system at the email address registered with the court:

United States Trustee
Faye D. English, Chapter 13 Trustee
Edward J. Boll
Brian M. Gianangeli
John G. Jansing
Joel K. Jensen

and on the following by **Ordinary U.S. Mail** addressed to:

John David Blazer AmeriCredit Financial Services, Inc. 3113 Crumley Rd. SW PO Box 183853
Lancaster, OH 43130 Arlington, TX 76096

Capital One Auto Finance c/o Ascension Capital Group PO Box 201347 Arlington, TX 76006 Columbus Appraisal Company, LLC PO BOX 1946 Powell, OH 43065

/s/ Sondra O. Bryson Sondra O. Bryson